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CONFIRMATION NO. 5208

<b>SERIAL NUMBER</b> 10/509,180	<b>FILING OR 371(c) DATE</b> 04/27/2005 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> EIS-SCHWARTZ35
<b>APPLICANTS</b> Michal Eisenbach-Schwartz, Rehovot, ISRAEL; Tal Mizrahi, Moshav Ge'alya, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00251 03/25/2003 which claims benefit of 60/367,271 03/26/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> <i>KH</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 1444				
<b>TITLE</b> Use of an organ-specific self-pathogen for treatment of a non-autoimmune disease of said organ				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	